



CITY OF DURHAM
DEPARTMENT OF SOLID WASTE MANAGEMENT
APPLICATION FOR EXEMPT COLLECTION SERVICE

Name: _____

Address: _____ Zip Code: _____

Telephone Number(s): _____

I am eligible for exempt collection because (mark reason):

_____ I am physically disabled **permanently** and have no one available to move my garbage cart (and recycling bin, if applicable) to the curb each week. Your physician must complete the section below.

_____ I am physically disabled **temporarily** and have no one available to move my garbage cart (and recycling bin, if applicable), to the curb each week. Your physician must complete the section below.

Applicant's Signature

Date

Physician's Statement:

For medical reason(s), the above individual is unable to or should not roll the garbage cart and/or place recycling bin (if applicable) to the curb each week. I have checked the correct status – whether the situation is permanent or temporary. If temporary, I have indicated how long citizen will need service.

☐ Permanent ☐ Temporary until (date) _____

Physician Name

Physician Address

Telephone Number

Physician Signature

Date

MAIL FORM TO:
Department of Solid Waste Management • ATTN: Exempt Collection
1833 Camden Ave • Durham, NC 27704
OR YOU MAY FAX FORM TO: 560-1197

FOR SOLID WASTE MANAGEMENT USE ONLY.

Date Received: _____ Truck No.: _____ Supervisor: _____

Date Customer Contacted: _____ Date of Site Visit: _____ Pickup Day: _____

☐ **Approved** ☐ **Not Approved**

Reason: _____
